



BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan of South Carolina

November 2024 Medical Policy Updates

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan frequently revise the medical policies we use to make clinical determinations for a member’s coverage. Here are medical policies that have been updated or newly added. A revision history for each policy is included. Please visit the Medical Policies pages of www.SouthCarolinaBlues.com and www.BlueChoiceSC.com regularly to stay informed of these changes and to read any policy in its entirety.

Policy Number	Policy Name	Recent Changes
CAM 374	Annular Closure Devices (e.g., BARRICAID®, XCLOSE®, INCLOSE™)	Annual review, no change to policy intent.
CAM 700	Neck CTA	Annual review, updating policy for clarity and consistency, also adding: Follow-up of known carotid or vertebral artery dissection within 3-6 months for evaluation of recanalization and/or to guide anticoagulation treatment (already in combo – Homer’s syndrome, non-central (miosis, ptosis, and anhidrosis) – also in combo section 0 Giant cell arteritis with suspected intracranial and extracranial involvement - also in combo section – Genetic syndromes and rare disease section. Also adding purpose, background and contraindications/preferred studies sections. Updating references.
CAM 702	MR Angiography Spinal Canal	Annual review, no change to policy intent. Adding Contraindication and preferred studies for clarity and consistency. Updating references and reference numbers throughout policy
CAM 705	CT Cervical Spine	Annual review, no change to policy intent but policy reformatted for clarity and consistency aligning combination studies across policies. Adding Contraindication/preferred and purpose statement. Updating references.
CAM 707	CT Thoracic Spine	Annual review, no change to policy intent. Policy reformatted for clarity and consistency, aligned combination studies across guidelines, added contraindication/preferred studies. Updated references.
CAM 729	Fetal MRI	Annual review, no change to policy intent. Updating policy verbiage for clarity and consistency, including a section related to combination studies. Adding purpose statement, Contraindication/preferred and purpose statement. Updating references.

CAM 737	Low-Field MRI	Annual review, no change to policy intent.
CAM 739	CT Soft Tissue Neck	Annual review, policy updated for clarity and consistency, adding the follow up of known cancer section and combination section. Also updating rationale and references.
CAM 743	MRI Chest (Thorax)	Annual review, updating policy for clarity and consistency. Updating brachial plexopathy, acute aortic syndromes and genetic syndromes. Adding purpose/rationale and updating references.)
CAM 753	Abdomen MRA (Angiography)	Annual review, policy updated for clarity and consistency, separated out aortic syndromes, EVAR studies clarified order in which studies would be ordered, renal artery stenosis updated, adding genetic syndromes, tumors and PVD sections. Combination section updated for clarity. Also updating rationale and references.
CAM 755	Brain (Head) MRA/MRV	Annual review, policy revised for clarity and consistency. Multiple indications added. Brain (Head) MRA/MRV Screening for aneurysm in high-risk populations * Bicuspid aortic valve * Known aortic diseases (aneurysm, coarctation, dissection) * Suspected carotid or vertebral artery dissection; secondary to trauma or spontaneous due to weakness of vessel wall (already in combo) * Follow-up of known carotid or vertebral artery dissection within 3-6 months for evaluation of recanalization and/or to guide anticoagulation treatment (already in combo) * Horner's syndrome, non-central (miosis, ptosis, and anhidrosis) - also in combo section * Vessel wall MRI (ordered as Brain MRI) can also be performed in the evaluation of vasculitides * Genetic syndromes and rare disease section. * Refractory trigeminal neuralgia or hemifacial spasm when done for surgical evaluation * Known Moyamoya disease or reversible cerebral vasoconstriction with any new or changing neurological signs or symptoms (Brain MRA/MRI combo) * Suspected secondary CNS vasculitis based on neurological signs or symptoms in the setting of an underlying systemic disease with abnormal inflammatory markers or autoimmune antibodies (Brain MRA /MRI combo) * Suspected primary CNS vasculitis based on neurological signs and symptoms with completed infectious/inflammatory lab work-up (Brain MRA /MRI combo) * Large vessels vasculitis with suspected intracranial and extracranial involvement (Brain MRA /Neck/ Brain MRI combo) * Giant cell arteritis with suspected intracranial involvement

		(combos). Also adding purpose, contraindications and preferred studies and updating references.
CAM 759	PET Scan	Annual review, policy updated for clarity and consistency, grouping similar cancer types together, revised indeterminate imaging and contraindications to conventional imaging, adding the use of Amyloid PET for early Alzheimer's updating surveillance PET, updating multiple different cancers to be consistent with national guidelines. Also updating rationale and references.
CAM 120	Flow Cytometry	Annual review, updating policy. Also updating table of terminology, rationale and references.
CAM 161	Lumbar Spinal Procedures	Interim review to add clarification regarding cognitive behavior rehabilitation to read: Chronic low back pain or degenerative disc disease (disc degeneration without significant neurological compression presenting with low back pain) must have failed at least 6 months of appropriate active non-operative treatment (completion of a combined physical therapy and comprehensive cognitive-behavioral rehabilitation program is mandatory) and must be evaluated on a case-by-case basis.

CAM 181	Pathogen Panel Testing	Annual review, policy being updated by specificity of the outpatient setting. Also allowing 11 GIP's for all individuals which is an expansion of coverage. Adding statement regarding testing frequency. Also updating rationale and references.
CAM 188	Cardiovascular Disease Risk Assessment	Annual review, policy being updated for clarity and consistency. Also updating rationale and references adding code 84512.
CAM 234	Genetic Testing for Neurodegenerative Disorders	Annual review, policy updated to address genetic counseling. Also updating rationale and references.
CAM 287	Genetic Testing for Alzheimer's Disease	Annual review, updating policy for consistency and clarity Criteria #2 is new and addresses APOE testing. All notes are updated to define early onset Alzheimer disease and to direct reader to other policies for clarification of some testing. Multiple coding updates, deletions and revisions.
CAM 390	Genomic Testing for Hematopoietic Neoplasms	Annual review, policy updated to include BCR-ABL1 testing and new criteria #7 has been added to address optimal risk stratification and treatment planning. Updating note 1 to direct reader to CAM 235. Also updating rationale, references and multiple coding additions.
CAM 387	Applied Behavioral Analysis Services	Annual review, minor revisions made. Adding pediatric neurologist as specialty allowed to perform testing and decreased additional testing requirement from 2 to 1.
CAM 733	MUGA Scan	Annual review, no change to policy intent. Adding background and AUC score. Updating references.
CAM 762	MR Angiography Chest	Annual review, policy updated for clarity and consistency, adding genetics and rare diseases, evaluation of tumor and contraindications and preferred studies sections. Also updating rationale and references.
CAM 701149	Amniotic Membrane and Amniotic Fluid Injections for Non-Ophthalmic Applications	Updating Table 2 coding on Novachor-Organogenesis to Q4194. No other changes.
CAM 708	CT Angiography, Abdomen and Pelvis	Annual review, policy updated for clarity and consistency, aortic syndromes separated out, EVAR studies clarified order in which studies would be ordered, renal artery stenosis updated, adding genetic syndromes and tumor section, combination section updated. Also updating rationale and references.

CAM 738	Orbit, Face, Neck, Sinus MRI	Annual review, policy updated for clarity and consistency, contraindications/preferred study section added, expanded combination section, clarified traumatic vs non traumatic brachial plexopathy, added hereditary paraganglioma-pheochromocytoma, added follow up known cancer section. Also updating rationale and references.
CAM 741	MRI Cervical Spine	Annual review, policy updated for clarity and consistency with contraindications and preferred studies section added. Also updating rationale and references.
CAM 752	Pelvis MRA/MRV (Angiography/Venography)	Annual review, policy updated for clarity and consistency, aortic syndromes separated out, EVAR studies clarified order in which studies would be ordered, renal artery stenosis updated, adding genetic syndromes and tumor section, combination section updated for clarity. Also updating rational and reference.
CAM 754	Lower Extremity MRA/MRV	Annual review, policy updated for clarity and consistency, adding genetic syndrome and rare diseases section, combination studies updated. Also updating rationale and references.
CAM 336	Testing for Diagnosis of Active or Latent Tuberculosis	Annual review, no change to policy intent. Updating table of terminology, rationale and references.
CAM 119	Prenatal Screening (Nongenetics)	Annual review, no change to policy intent. Updating policy, rationale and references. Also adding CPT code 87389.
CAM 077	Oral Screening and Testing	Annual review, policy updated to address establishing HPV tumor status. Also updating rationale and references. Adding CPT code 0429U and deleting 87623.
CAM 135	Thyroid Disease Testing	Annual review, policy with major revisions for clarity and consistency. Criteria 1e added to address all the reasons for one time TSH screening eliminating multiple previous other bullet points. Also updating rationale, references and table of terminology. Adding CPT 83520.
CAM 277	Serum Tumor Markers for Malignancies	Annual review, multiple coverage additions related to ovarian cancer, gall bladder cancer and uterine cancer. Also updating rationale and references.
CAM 205	General Inflammation Testing	Annual review, updating note 1 which addresses which testing aligns with specific diagnoses. Also updating table of terminology, rationale and references.

CAM 210	Testing for Vector-Borne Infections	Annual review with major policy revisions, some related to CDC updates of hard vs soft tickborne relapsing fever, Borrelia, Zika and West Nile. Updating notes for clarity and consistency, updating rationale and references.
CAM 137	Paravertebral Facet Joint Injections/Blocks	Interim review, expanding indications for pars interarticularis and adding exclusions for sacral lateral branch block, atlantoaxial joint injections or block for diagnosis or treatment of post surgical or other spine pain. Entire policy updated for Clarity and consistency.
CAM 314	Cervical Cancer Screening Technologies With Pap and HPV	Annual review, multiple updates to policy coverage statements for clarity, consistency and updating coverage related immunocompromised individuals. Also updating table terminology, rationale and references.
CAM 80119	Treatment of Hyperhidrosis	Interim review to reformat the first policy statement to include the names of the treatments appropriate for specific symptoms. No change to policy intent.
CAM 70173	Gastric Electrical Stimulation	Annual review, no change to policy intent. Updating background and references.
CAM 089	Preventive Services for Non-Grandfathered (PPACA) Plans: USPSTF Recommended Services	Added DX Z2981 to PrEp Section. No other changes made.
CAM 332	Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease	Removing Fibroscan statement as that will now be addressed in CAM 720.
CAM 740	MRI Temporomandibular Joint (TMJ)	Annual review, no change to policy intent. Updating references and reference numbers in policy.
CAM 735	MRI Bone Marrow and Whole Body MRI	Annual review, updating policy for clarity and consistency, hematologic malignancies restructured, added contra indications and preferred studies section. Adding CPT code 76498. Also updating rationale and references.
CAM 724	Neck MRA/MRV	Annual review. Updating policy for clarity and consistency, clarifying screening frequency in genetic syndromes, adding Horner's syndrome, rare disease section, giant cell arteritis, large vessel vasculitis. Adding purpose and contraindicated and preferred studies. Updating references. Updating references.
CAM 723	CT (Virtual) Colonoscopy — Diagnostic	Annual review, no change to policy intent. Policy verbiage reformatted for clarity and consistency.

CAM 704	Lower Extremity CTA/CTV	Annual review, policy updated for clarity and consistency, adding genetic syndromes, rate disease, evaluation of tumor and contraindications and preferred studies sections. Also updating rationale and references.
CAM 80161	Focal Treatments for Prostate Cancer	Updating Coding Section. Adding Codes 51721, 55881 and 55882 with an effective date of 01/01/2025. No other changes made.
CAM 70195	Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors	Updated Coding Section. Adding CPT codes 60660 and 60661 that will be effective starting 01/01/2025. No other changes.
CAM 50110	Immune Prophylaxis for Respiratory Syncytial Virus	Updating Coding Section. Added CPT coding 96380 and 96381. These codes will be effective 01/01/2025.
CAM 342	Microsatellite Instability and Tumor Mutational Burden Testing	Updating CPT coding. Code 0428U will be deleted on 01/01/2025. Also adding code 0530U to be effective on 01/01/2025.
CAM 317	In Vitro Chemoresistance and Chemosensitivity Assays	Updated Coding Section. Added code 0525U. This code will be effective 01/01/2025. No other changes made.
CAM 288	Testing for Targeted Therapy of Non-Small-Cell Lung Cancer	Updated CPT coding. Code 0448U code will be deleted on 01/01/2025.
CAM 283	Venous and Arterial Thrombosis Risk Testing	Updated Coding Section. Added code 0529U with an effective date of 01/01/2025. No other changes made.
CAM 235	Laboratory Guideline Policy	Updated CPT coding. Added codes 0522U, 0524U, 0526U, 0527U. These codes will be effective 01/01/2025. No other changes made.
CAM 181	Pathogen Panel Testing	Updating Coding section. Adding CPT code 0528U the effective date 01/01/2025. No other changes made.
CAM 167	Prenatal Screening (Nongenetics)	Updating coding section. Added code 0523U that will be effective 01/01/2025. No other changes made.
CAM 128	Biomarker Testing for Autoimmune Rheumatic Disease	Coding section updated. Code 0521U was added to coding section. This code will be effective 01/01/2025.